

348-15

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Deliver to: Examiner Robert Pond, USPTO Art Group: 3625
Facsimile No.: 703-872-9306 Date: April 13, 2005
From: Eric T. King, Reg. No. 44,188
Our Docket No.: 6969P001 Number of pages 2 including this sheet.
Application No.: 09/607,202 Filing Date: 6/28/2000
Docket Due Date(s): 7/1/2005

Enclosed are the following documents:

- Amendment: _____ (_____ pgs)
- Appeal Brief (_____ pgs)
- Application: _____ (_____ pgs) w/cover & abstract)
- Assignment & Cover Sheet (_____ pgs)
- Certificate of Facsimile
- Continued Prosecution Application (CPA)
- Declaration & POA (_____ pgs)
- Drawings: _____ sheets, _____ figures
- Extension of Time: _____
- Fee Transmittal (in duplicate)
- IDS & PTO/SB/08 (_____ pgs)
- Other _____

- Issue Fee Transmittal
- Notice of Appeal
- Petition for: _____
- Request for Continued Examination (RCE)
- Reply Brief (____ pgs)
- Request & Certification Under 35 USC 122(b)(2)(B)(i)
- Request to Rescind Previous Nonpublication Request
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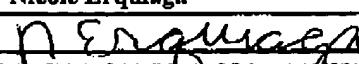
Nicole Erquiaga 4/13/2005
Date

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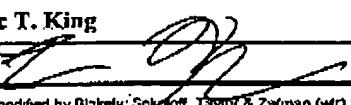
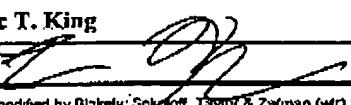
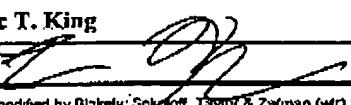
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| | | | |
|--|---|------------------------|----------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application No. | 09/607,202 |
| | | Filing Date | June 28, 2000 |
| | | First Named Inventor | Frank J. Jakubaitis |
| | | Art Unit | 3625 |
| | | Examiner Name | Examiner Robert Pond |
| Total Number of Pages in This Submission | 4 | Attorney Docket Number | 6969P001 |

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| ENCLOSURES (check all that apply) | | |
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div> |
| Remarks <div style="border: 1px solid black; height: 40px; width: 100%;"></div> | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm or Individual name | Eric T. King, Reg. No. 44,188 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP | |
| Signature |  | |
| Date | April 13, 2005 | |

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| Signature |  | Date | April 13, 2005 |

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wip 06/04/2004).
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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| FEE TRANSMITTAL for FY 2005 | | <i>Complete if Known</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>Patent fees are subject to annual revision.</small> | | Application Number <input type="text" value="09/607,202"/> | Filing Date <input type="text" value="June 28, 2000"/> | First Named Inventor <input type="text" value="Frank J. Jakubaitis"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. | | Examiner Name <input type="text" value="Examiner Robert Pond"/> | Art Unit <input type="text" value="3625"/> | Attorney Docket No. <input type="text" value="6969P001"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 500.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor & Zafman LLP</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Total Claims</td> <td style="width: 15%; text-align: right;">11</td> <td style="width: 15%; text-align: right;">. 20'</td> <td style="width: 15%; text-align: right;">=</td> <td style="width: 15%; text-align: right;">0</td> <td style="width: 15%; text-align: right;">X</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: right;">2</td> <td style="text-align: right;">3'</td> <td style="text-align: right;">=</td> <td style="text-align: right;">0</td> <td style="text-align: right;">X</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">50.00</td> <td style="text-align: right;">=</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">\$0.00</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | | | Total Claims | 11 | . 20' | = | 0 | X | Independent Claims | 2 | 3' | = | 0 | X | Multiple Dependent | | | | | | | | | | 50.00 | = | | | | | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | 11 | . 20' | = | 0 | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | 2 | 3' | = | 0 | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Large Entity</td> <td style="width: 15%;">Small Entity</td> <td style="width: 15%;"></td> </tr> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Description</td> </tr> <tr> <td>1202</td> <td>50</td> <td>2202 25 Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201 100 Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>380</td> <td>2203 180 Multiple Dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>300</td> <td>2204 150 **Reissue Independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>300</td> <td>2205 150 **Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="2" style="text-align: right;">SUBTOTAL (1)</td> <td style="text-align: right;">(\$)</td> <td colspan="3" style="text-align: right;">0.00</td> </tr> </table> | | | | | | Large Entity | Small Entity | | Fee Code | Fee (\$) | Fee Description | 1202 | 50 | 2202 25 Claims in excess of 20 | 1201 | 200 | 2201 100 Independent claims in excess of 3 | 1203 | 380 | 2203 180 Multiple Dependent claim, if not paid | 1204 | 300 | 2204 150 **Reissue Independent claims over original patent | 1205 | 300 | 2205 150 **Reissue claims in excess of 20 and over original patent | SUBTOTAL (1) | | (\$) | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity | Small Entity | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee (\$) | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1202 | 50 | 2202 25 Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1201 | 200 | 2201 100 Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1203 | 380 | 2203 180 Multiple Dependent claim, if not paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1204 | 300 | 2204 150 **Reissue Independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1205 | 300 | 2205 150 **Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <small>*or number previously paid, if greater. For Reissues, see below</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. ADDITIONAL FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Large Entity | Small Entity | | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee (\$) | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1051 | 130 | 2051 65 Surcharge - late filing fee or cash | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1052 | 50 | 2052 25 Surcharge - late provisional filing fee or cover sheet. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2053 | 130 | 2053 130 Non-English specification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1251 | 120 | 2251 60 Extension for reply within first month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1252 | 450 | 2252 225 Extension for reply within second month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1253 | 1,020 | 2253 510 Extension for reply within third month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1254 | 1,580 | 2254 795 Extension for reply within fourth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1255 | 2,160 | 2255 1,080 Extension for reply within fifth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1401 | 500 | 2401 250 Notice of Appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1402 | 500 | 2402 250 Filing a brief in support of an appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1103 | 1,000 | 2403 500 Request for oral hearing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1451 | 1,510 | 2451 1,510 Petition to institute a public use proceeding | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1460 | 130 | 2460 130 Petitions to the Commissioner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1807 | 50 | 1807 50 Processing fee under 37 CFR 1.17(q) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1806 | 180 | 1806 180 Submission of Information Disclosure Stmt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1809 | 700 | 1809 395 Filing a submission after final rejection (37 CFR § 1.129(a)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1810 | 700 | 2810 395 For each additional invention to be examined (37 CFR § 1.129(b)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (specify) | | | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) | | (\$) | 500.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBMITTED BY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Name (Print/Type)</td> <td style="width: 30%; text-align: center;">Eric T. King</td> <td style="width: 20%; text-align: center;">Registration No. (Attorney/Agent)</td> <td style="width: 20%; text-align: center;">44,188</td> <td style="width: 20%; text-align: center;">Telephone</td> <td style="width: 20%; text-align: center;">(714) 557-3800</td> </tr> <tr> <td>Signature</td> <td colspan="5" style="text-align: center;"></td> </tr> <tr> <td></td> <td colspan="5" style="text-align: center;">Date</td> </tr> <tr> <td></td> <td colspan="5" style="text-align: center;">04/13/05</td> </tr> </table> | | | | | | Name (Print/Type) | Eric T. King | Registration No. (Attorney/Agent) | 44,188 | Telephone | (714) 557-3800 | Signature |  | | | | | | Date | | | | | | 04/13/05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (Print/Type) | Eric T. King | Registration No. (Attorney/Agent) | 44,188 | Telephone | (714) 557-3800 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 04/13/05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/1) 12/15/2004.
 SEND TO: Commissioner for Patents, P.O. Box 1600, Alexandria, VA 22313-1600

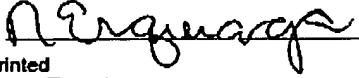
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------|--|----------------------|--------------|--------------|-----------------|----------|----------|----------|-----|----------|--------------------|---------|---------|------------------------|----------|----------|-------------------------------------|----------|--------------------|---------------------------------------|---|----------|---|----------|---------------------------|---|--------------|---------|--|------|----------|----------|---|--|------------|----------|--|--|------------|----------|---|--|------------|------------|--|--|----------|----------|------------------|--|----------|----------|--|--|------------|----------|--------------------------|--|------------|------------|---|--|----------|----------|-------------------------------|--|---------|---------|-------------------------------------|--|----------|----------|---|--|----------|----------|---|--|----------|----------|--|--|---------------------|--|--------------|------|--|--|--------|--|
| FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision.</small> | | Complete If Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Application Number | 09/607,202 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Filing Date | June 28, 2000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | First Named Inventor | Frank J. Jakubanis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Examiner Name | Examiner Robert Pond | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Art Unit | 3625 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Attorney Docket No. | 6969P001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blankley, Sokoloff, Taylor & Zafman LLP</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. EXTRA CLAIM FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Total Claims</td> <td style="width: 10%; text-align: center;">11</td> <td style="width: 10%; text-align: center;">- 20*</td> <td style="width: 10%; text-align: center;">= 0</td> <td style="width: 10%; text-align: center;">x</td> <td style="width: 10%; text-align: center;">50.00</td> <td style="width: 10%; text-align: center;">=</td> <td style="width: 10%; text-align: center;">Fee Paid</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">2</td> <td style="text-align: center;">- 3*</td> <td style="text-align: center;">= 0</td> <td style="text-align: center;">x</td> <td style="text-align: center;">200.00</td> <td style="text-align: center;">=</td> <td style="text-align: center;">\$0.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | | | | Total Claims | 11 | - 20* | = 0 | x | 50.00 | = | Fee Paid | Independent Claims | 2 | - 3* | = 0 | x | 200.00 | = | \$0.00 | Multiple Dependent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | 11 | - 20* | = 0 | x | 50.00 | = | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | 2 | - 3* | = 0 | x | 200.00 | = | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Large Entity</td> <td style="width: 10%;">Small Entity</td> <td style="width: 80%; text-align: center;">Fee Description</td> </tr> <tr> <td>Fee Code</td> <td>Fee Code</td> <td></td> </tr> <tr> <td>(S)</td> <td>(S)</td> <td></td> </tr> <tr> <td>1202 50</td> <td>2202 25</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201 200</td> <td>2201 100</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203 360</td> <td>2203 180</td> <td>Multiple Dependent claim, if not paid</td> </tr> <tr> <td>1204 300</td> <td>2204 150</td> <td>*Rescue Independent claims over original patent</td> </tr> <tr> <td>1205 300</td> <td>2205 150</td> <td>*Rescue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="2" style="text-align: right;">SUBTOTAL (1)</td> <td style="text-align: right;">(\$)</td> <td style="text-align: right;">0.00</td> </tr> </table> | | | | Large Entity | Small Entity | Fee Description | Fee Code | Fee Code | | (S) | (S) | | 1202 50 | 2202 25 | Claims in excess of 20 | 1201 200 | 2201 100 | Independent claims in excess of 3 | 1203 360 | 2203 180 | Multiple Dependent claim, if not paid | 1204 300 | 2204 150 | *Rescue Independent claims over original patent | 1205 300 | 2205 150 | *Rescue claims in excess of 20 and over original patent | SUBTOTAL (1) | | (\$) | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity | Small Entity | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (S) | (S) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1202 50 | 2202 25 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1201 200 | 2201 100 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1203 360 | 2203 180 | Multiple Dependent claim, if not paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1204 300 | 2204 150 | *Rescue Independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1205 300 | 2205 150 | *Rescue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | | (\$) | 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. ADDITIONAL FEES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Large Entity</td> <td style="width: 10%;">Small Entity</td> <td style="width: 80%; text-align: center;">Fee Description</td> <td style="width: 10%; text-align: center;">Fee Paid</td> </tr> <tr> <td>Fee Code</td> <td>Fee Code</td> <td></td> <td></td> </tr> <tr> <td>(S)</td> <td>(S)</td> <td></td> <td></td> </tr> <tr> <td>1051 130</td> <td>2051 65</td> <td>Surcharge - late filing fee or cash</td> <td></td> </tr> <tr> <td>1052 50</td> <td>2052 25</td> <td>Surcharge - late provisional filing fee or cover sheet.</td> <td></td> </tr> <tr> <td>2053 130</td> <td>2053 130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1251 120</td> <td>2251 60</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252 450</td> <td>2252 225</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253 1,020</td> <td>2253 510</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254 1,600</td> <td>2254 795</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>1255 2,180</td> <td>2255 1,080</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401 600</td> <td>2401 250</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402 500</td> <td>2402 250</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403 1,000</td> <td>2403 500</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451 1,510</td> <td>2451 1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1450 130</td> <td>2460 130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>1807 50</td> <td>1807 50</td> <td>Processing fee under 37 CFR 1.17(q)</td> <td></td> </tr> <tr> <td>1806 180</td> <td>1806 180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>1809 790</td> <td>1809 395</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>1810 780</td> <td>2810 395</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">Other fee (specify)</td> <td style="text-align: right;">SUBTOTAL (2)</td> <td style="text-align: right;">(\$)</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">500.00</td> <td></td> </tr> </table> | | | | Large Entity | Small Entity | Fee Description | Fee Paid | Fee Code | Fee Code | | | (S) | (S) | | | 1051 130 | 2051 65 | Surcharge - late filing fee or cash | | 1052 50 | 2052 25 | Surcharge - late provisional filing fee or cover sheet. | | 2053 130 | 2053 130 | Non-English specification | | 1251 120 | 2251 60 | Extension for reply within first month | | 1252 450 | 2252 225 | Extension for reply within second month | | 1253 1,020 | 2253 510 | Extension for reply within third month | | 1254 1,600 | 2254 795 | Extension for reply within fourth month | | 1255 2,180 | 2255 1,080 | Extension for reply within fifth month | | 1401 600 | 2401 250 | Notice of Appeal | | 1402 500 | 2402 250 | Filing a brief in support of an appeal | | 1403 1,000 | 2403 500 | Request for oral hearing | | 1451 1,510 | 2451 1,510 | Petition to institute a public use proceeding | | 1450 130 | 2460 130 | Petitions to the Commissioner | | 1807 50 | 1807 50 | Processing fee under 37 CFR 1.17(q) | | 1806 180 | 1806 180 | Submission of Information Disclosure Stmt | | 1809 790 | 1809 395 | Filing a submission after final rejection (37 CFR § 1.129(a)) | | 1810 780 | 2810 395 | For each additional invention to be examined (37 CFR § 1.129(b)) | | Other fee (specify) | | SUBTOTAL (2) | (\$) | | | 500.00 | |
| Large Entity | Small Entity | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code | Fee Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (S) | (S) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1051 130 | 2051 65 | Surcharge - late filing fee or cash | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1052 50 | 2052 25 | Surcharge - late provisional filing fee or cover sheet. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2053 130 | 2053 130 | Non-English specification | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1251 120 | 2251 60 | Extension for reply within first month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1252 450 | 2252 225 | Extension for reply within second month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1253 1,020 | 2253 510 | Extension for reply within third month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1254 1,600 | 2254 795 | Extension for reply within fourth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1255 2,180 | 2255 1,080 | Extension for reply within fifth month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1401 600 | 2401 250 | Notice of Appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1402 500 | 2402 250 | Filing a brief in support of an appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1403 1,000 | 2403 500 | Request for oral hearing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1451 1,510 | 2451 1,510 | Petition to institute a public use proceeding | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1450 130 | 2460 130 | Petitions to the Commissioner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1807 50 | 1807 50 | Processing fee under 37 CFR 1.17(q) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1806 180 | 1806 180 | Submission of Information Disclosure Stmt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1809 790 | 1809 395 | Filing a submission after final rejection (37 CFR § 1.129(a)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1810 780 | 2810 395 | For each additional invention to be examined (37 CFR § 1.129(b)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (specify) | | SUBTOTAL (2) | (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 500.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---------------------------------|---|--|------------------|--------|----------------|
| SUBMITTED BY | | | | | |
| Complete (if applicable) | | | | | |
| Name (firm/Type) | Eric T. King | | Registration No. | 44,188 | Telephone |
| | | | (Attorney/Agent) | | (714) 557-3800 |
| Signature |  | | | Date | 04/13/05 |

Based on PTO/3B/17 (12-04) as modified by Blankley, Sokoloff, Taylor & Zafman (wlr) 12/15/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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|--|---|---|--|---|----------------------------|--|--|-------------------------|---|
| NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES | | Docket Number (Optional) 6969P001 | | | | | | | |
| <p>I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.</p> <p>Signature  Typed or printed name Nicole Erquiaga</p> <p>April 13, 2005</p> | | <p>In re Application of Frank J. Jakubaitis</p> <table border="1"> <tr> <td>Application Number 09/607,202</td> <td>Filed 06/28/2000</td> </tr> <tr> <td colspan="2">For Method and System for Distributing Digital Works</td> </tr> <tr> <td>Art Unit 3625</td> <td>Examiner Examiner Robert Pond</td> </tr> </table> | | Application Number 09/607,202 | Filed 06/28/2000 | For Method and System for Distributing Digital Works | | Art Unit 3625 | Examiner Examiner Robert Pond |
| Application Number 09/607,202 | Filed 06/28/2000 | | | | | | | | |
| For Method and System for Distributing Digital Works | | | | | | | | | |
| Art Unit 3625 | Examiner Examiner Robert Pond | | | | | | | | |
| <p>Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.</p> <p>The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$500.00</p> <p><input type="checkbox"/> Applicant claims small entity status under 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: _____</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of the fee transmittal.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>02-2666</u> I have enclosed a duplicate copy of the fee transmittal.</p> <p><input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.</p> | | | | | | | | | |
| <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.</p> <p>I am the  Signature</p> <p><input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p> <p><input type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____</p> <p>Eric T. King, Reg. No. 44,188 Typed or printed name</p> <p>04/13/05 Date</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> | | | | | | | | | |
| <p><input type="checkbox"/> *Total of _____ forms are submitted</p> | | | | | | | | | |

Based on PTO/SB/31 (08-03) as modified by Blakely, Spilker, Taylor & Zalman (w/k) 09/11/2003.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450